

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 1-5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201													
MEDICAL EXAMINER'S CERTIFICATE OF DEATH													
1. DECEASED-NAME (Type or Print)			First		Middle		Last		2a. DATE KNOWN OF DEATH		2b. HOUR		
Ennett							Barton		Month 7 Day 8 Year 68		5A M		
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS.		2c. DATE PRONOUNCED DEAD		2d. HOUR		
M	W	June 19 1895		73 YRS.	MONTHS DAYS		HOURS MIN		Month 7 Day 8 Year 68		2P M		
7a. BIRTHPLACE (State or foreign country)			7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED		NEVER MARRIED		9. COUNTY OF DEATH				
Md			USA		WIDOWED		DIVORCED		Caroline		Md.		
10. CITY OR TOWN OF DEATH				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)				12b. KIND OF BUSINESS OR INDUSTRY	
Near Ridgely								Farmer					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE				13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER			
Md				Caroline		Ridgely		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
14. FATHER'S NAME				15. MOTHER'S MAIDEN NAME									
Bachelor				Barton		Roberta				Jump			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16b. SOCIAL SECURITY NO		17. INFORMANT				ADDRESS			
no						Mrs. Runsey Mullikin, Ridgely, Md.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART 1. DEATH WAS CAUSED BY:										hours			
IMMEDIATE CAUSE (a) Right ventricular failure													
492x DUE TO, OR AS A CONSEQUENCE OF													
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.										10 yrs			
(b) Chronic Cor Pulmonale													
DUE TO, OR AS A CONSEQUENCE OF													
(c) Pulmonary Emphysema										20yrs			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
5271													
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20. AUTOPSY?					
								YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>				21b. TIME OF INJURY Month, Day, Year		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
CAUSE OF DEATH				HOUR A.M. P.M. 19									
21d. INJURY OCCURRED				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County State			
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>													
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>													
ACTUAL SIGNATURE				CHIEF MEDICAL EXAMINER				22b. DATE SIGNED					
Harold B. Plummer				M.D.				7/9/68					
EXAMINER'S NAME (Type)				DEPUTY MEDICAL EXAMINER				ADDRESS (Street, city, town, or county)					
Harold B. Plummer M.D.								Preston Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town)		(County)		(State)			
Burial		July 12 1968		Greenmount		Hillside, Car.		Md.					
24. FUNERAL DIRECTOR						25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE					
Charles V. Moore, Denton, Md.						JUL 15 1968		Charles J. Moore					

No.	Name	Rank	Company	Regiment	Service	Remarks	Signature	Date
1	John A. Smith	Private	Company A	1st Infantry	Active			1878
2	James B. Jones	Private	Company B	1st Infantry	Active			1878
3	William C. Brown	Private	Company C	1st Infantry	Active			1878
4	Robert D. White	Private	Company D	1st Infantry	Active			1878
5	Thomas E. Black	Private	Company E	1st Infantry	Active			1878
6	Charles F. Green	Private	Company F	1st Infantry	Active			1878
7	Henry G. Hall	Private	Company G	1st Infantry	Active			1878
8	George H. King	Private	Company H	1st Infantry	Active			1878
9	Frank I. Lee	Private	Company I	1st Infantry	Active			1878
10	Edward J. Miller	Private	Company J	1st Infantry	Active			1878
11	John K. Davis	Private	Company K	1st Infantry	Active			1878
12	William L. Evans	Private	Company L	1st Infantry	Active			1878
13	Robert M. Foster	Private	Company M	1st Infantry	Active			1878
14	Thomas N. Gibson	Private	Company N	1st Infantry	Active			1878
15	Charles O. Hart	Private	Company O	1st Infantry	Active			1878
16	Henry P. Jackson	Private	Company P	1st Infantry	Active			1878
17	George Q. Adams	Private	Company Q	1st Infantry	Active			1878
18	Frank R. Nelson	Private	Company R	1st Infantry	Active			1878
19	Edward S. Phillips	Private	Company S	1st Infantry	Active			1878
20	John T. Turner	Private	Company T	1st Infantry	Active			1878
21	William U. Walker	Private	Company U	1st Infantry	Active			1878
22	Robert V. Young	Private	Company V	1st Infantry	Active			1878
23	Thomas W. Ziegler	Private	Company W	1st Infantry	Active			1878
24	Charles X. Baker	Private	Company X	1st Infantry	Active			1878
25	Henry Y. Campbell	Private	Company Y	1st Infantry	Active			1878
26	George Z. Clark	Private	Company Z	1st Infantry	Active			1878
27	Frank A. Evans	Private	Company AA	1st Infantry	Active			1878
28	Edward B. Foster	Private	Company AB	1st Infantry	Active			1878
29	John C. Gibson	Private	Company AC	1st Infantry	Active			1878
30	William D. Hart	Private	Company AD	1st Infantry	Active			1878
31	Robert E. Jackson	Private	Company AE	1st Infantry	Active			1878
32	Thomas F. King	Private	Company AF	1st Infantry	Active			1878
33	Charles G. Lee	Private	Company AG	1st Infantry	Active			1878
34	Henry H. Miller	Private	Company AH	1st Infantry	Active			1878
35	George I. Nelson	Private	Company AI	1st Infantry	Active			1878
36	Frank J. Phillips	Private	Company AJ	1st Infantry	Active			1878
37	Edward K. Turner	Private	Company AK	1st Infantry	Active			1878
38	John L. Walker	Private	Company AL	1st Infantry	Active			1878
39	William M. Young	Private	Company AM	1st Infantry	Active			1878
40	Robert N. Ziegler	Private	Company AN	1st Infantry	Active			1878
41	Thomas O. Baker	Private	Company AO	1st Infantry	Active			1878
42	Charles P. Campbell	Private	Company AP	1st Infantry	Active			1878
43	Henry Q. Clark	Private	Company AQ	1st Infantry	Active			1878
44	George R. Evans	Private	Company AR	1st Infantry	Active			1878
45	Frank S. Foster	Private	Company AS	1st Infantry	Active			1878
46	Edward T. Gibson	Private	Company AT	1st Infantry	Active			1878
47	John U. Hart	Private	Company AU	1st Infantry	Active			1878
48	William V. Jackson	Private	Company AV	1st Infantry	Active			1878
49	Robert W. King	Private	Company AW	1st Infantry	Active			1878
50	Thomas X. Lee	Private	Company AX	1st Infantry	Active			1878
51	Charles Y. Miller	Private	Company AY	1st Infantry	Active			1878
52	Henry Z. Nelson	Private	Company AZ	1st Infantry	Active			1878
53	George A. Phillips	Private	Company BA	1st Infantry	Active			1878
54	Frank B. Turner	Private	Company BB	1st Infantry	Active			1878
55	Edward C. Walker	Private	Company BC	1st Infantry	Active			1878
56	John D. Young	Private	Company BD	1st Infantry	Active			1878
57	William E. Ziegler	Private	Company BE	1st Infantry	Active			1878
58	Robert F. Baker	Private	Company BF	1st Infantry	Active			1878
59	Thomas G. Campbell	Private	Company BG	1st Infantry	Active			1878
60	Charles H. Clark	Private	Company BH	1st Infantry	Active			1878
61	Henry I. Evans	Private	Company BI	1st Infantry	Active			1878
62	George J. Foster	Private	Company BJ	1st Infantry	Active			1878
63	Frank K. Gibson	Private	Company BK	1st Infantry	Active			1878
64	Edward L. Hart	Private	Company BL	1st Infantry	Active			1878
65	John M. Jackson	Private	Company BM	1st Infantry	Active			1878
66	William N. King	Private	Company BN	1st Infantry	Active			1878
67	Robert O. Lee	Private	Company BO	1st Infantry	Active			1878
68	Thomas P. Miller	Private	Company BP	1st Infantry	Active			1878
69	Charles Q. Nelson	Private	Company BQ	1st Infantry	Active			1878
70	Henry R. Phillips	Private	Company BR	1st Infantry	Active			1878
71	George S. Turner	Private	Company BS	1st Infantry	Active			1878
72	Frank T. Walker	Private	Company BT	1st Infantry	Active			1878
73	Edward U. Young	Private	Company BU	1st Infantry	Active			1878
74	John V. Ziegler	Private	Company BV	1st Infantry	Active			1878
75	William W. Baker	Private	Company BW	1st Infantry	Active			1878
76	Robert X. Campbell	Private	Company BX	1st Infantry	Active			1878
77	Thomas Y. Clark	Private	Company BY	1st Infantry	Active			1878
78	Charles Z. Evans	Private	Company BZ	1st Infantry	Active			1878
79	Henry A. Foster	Private	Company CA	1st Infantry	Active			1878
80	George B. Gibson	Private	Company CB	1st Infantry	Active			1878
81	Frank C. Hart	Private	Company CC	1st Infantry	Active			1878
82	Edward D. Jackson	Private	Company CD	1st Infantry	Active			1878
83	John E. King	Private	Company CE	1st Infantry	Active			1878
84	William F. Lee	Private	Company CF	1st Infantry	Active			1878
85	Robert G. Miller	Private	Company CG	1st Infantry	Active			1878
86	Thomas H. Nelson	Private	Company CH	1st Infantry	Active			1878
87	Charles I. Phillips	Private	Company CI	1st Infantry	Active			1878
88	Henry J. Turner	Private	Company CJ	1st Infantry	Active			1878
89	George K. Walker	Private	Company CK	1st Infantry	Active			1878
90	Frank L. Young	Private	Company CL	1st Infantry	Active			1878
91	Edward M. Ziegler	Private	Company CM	1st Infantry	Active			1878
92	John N. Baker	Private	Company CN	1st Infantry	Active			1878
93	William O. Campbell	Private	Company CO	1st Infantry	Active			1878
94	Robert P. Clark	Private	Company CP	1st Infantry	Active			1878
95	Thomas Q. Evans	Private	Company CQ	1st Infantry	Active			1878
96	Charles R. Foster	Private	Company CR	1st Infantry	Active			1878
97	Henry S. Gibson	Private	Company CS	1st Infantry	Active			1878
98	George T. Hart	Private	Company CT	1st Infantry	Active			1878
99	Frank U. Jackson	Private	Company CU	1st Infantry	Active			1878
100	Edward V. King	Private	Company CV	1st Infantry	Active			1878

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (1)
30M REV. 1-58

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
CERTIFICATE OF DEATH									
09777		Item 233b, Film 402 7/18/68 km		09788					
1. DECEASED-NAME (Type or print) JOHN				First Middle Last BRADLEY		2a. DATE OF DEATH Month Day Year July 7 1968		2b. HOUR 9:30 AM	
3. SEX M		4. RACE W		5. DATE OF BIRTH AUG. 6, 1909		6. AGE (In years last birthday) 58 YRS.		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	
7a. BIRTHPLACE (State or foreign country) MD		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH CAROLINE Md.			
10. CITY OR TOWN OF DEATH DENTON		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) ELECTRIC			12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired) ELECTRICIAN		12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MD		13b. COUNTY CAROLINE		13c. CITY OR TOWN DENTON		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER	
14. FATHER'S NAME First Middle Last GEORGE BRADLEY		15. MOTHER'S MAIDEN NAME First Middle Last ANNIE PINKINE							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown NO		16b. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. JOHN BRADLEY DENTON					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4310 (b) Essential Hypertension DUE TO, OR AS A CONSEQUENCE OF (c)								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 5 days	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 331X									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State				
22a. I certify that (I) (this hospital) attended the deceased from 10/2/65 , 19__, to 7/5/68 , 19__, that (I) (we) last saw the deceased alive on 7/5/68 , 19__, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE Chas Moore M.D. DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>					22c. DATE SIGNED 7/9/68				
22d. PHYSICIAN'S NAME (Type)					22e. ADDRESS				
23a. BURIAL CREMATION, REMOVAL BURIAL		23b. DATE July 10, 68		23c. NAME OF CEMETERY OR CREMATORY DENTON		23d. LOCATION (City or Town) (County) (State) DENTON MD			
24. FUNERAL DIRECTOR CHARLES MOORE ADDRESS					25a. REC'D BY REGISTRAR DATE JUL 15 1968		25b. REGISTRAR'S SIGNATURE Charles Judge		

1888

(10)

July 1st 1888
Dear Sir
I have the honor to acknowledge the receipt of your letter of the 29th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Your obedient servant,
J. H. [Name]

Enclosed for you are two copies of the report of the committee on the subject of the proposed amendment to the constitution.

I am, Sir, very respectfully,
Your obedient servant,
J. H. [Name]

Very truly yours,
J. H. [Name]

1888

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form RM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or Print)		First	Middle	Last	2a. DATE KNOWN OF DEATH		Month	Day	Year	2b. HOUR A. M.	
WILLIAM HENRY BRUMMELL					10:30 A. M.		July	1	1968		
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		2c. DATE PRONOUNCED DEAD Month Day Year		
Male	Negro	May 5, 1960		8 YRS.					July 1 Day 1968 1 P. M.		
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH					
Maryland		USA				Caroline Md.					
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)					
Federalsburg		Rural Smithville Road				Public School Student					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER			
Maryland		Caroline		Federalsburg		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Smithville Road			
14. FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME			First	Middle	Last
William Henry Thomas						Jeanette M. Brummell					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS					
No			None			L. Catherine Brummell, Federalsburg, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia due to drowning										minutes	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: 9109											
(b) Fresh Water Inspiration										minutes	
(c)											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
Mentally retarded											
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY?			
								YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
		10:30 P.M. 7/1/68		Slipped and fell into drainage ditch 4 feet of water							
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
On Smithville Road				road ditch		Beside road		Federalsburg		Md.	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE		EXAMINER'S NAME (Type)		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED	
[Signature]		Harold B. Plummer M.D.				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				7/3/68	
						ADDRESS (Street, city, town, or county)				Preston a oline	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town)		(County)		(State)	
Burial		July 4, 1968		Federal Hill Cemetery		Federalsburg, Maryland					
24. FUNERAL DIRECTOR				ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE			
J. J. Frampton and Son, Federalsburg, Maryland						DATE JUL 10 1968		[Signature]			

48738

U.S. DEPARTMENT OF AGRICULTURE

48738

1917

THE UNITED STATES OF AMERICA

DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

July 10, 1917

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 7th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,

Yours very truly,

Wm. B. Hays

Secretary

Enclosed for you are two copies of a report of the

Commissioner of the General Land Office, dated June 28, 1917,

relating to the proposed sale of certain public lands in the State of

California.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

FOR STATE HEALTH DEPT.

09779 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Item #22, Film 402 7/1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09790

1. DECEASED-NAME (Type or Print)			First Middle Last			2a. DATE KNOWN OF DEATH			2b. HOUR						
Grace Mae Chandler						Month Day Year			5 P M						
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years)		IF UNDER 1 YEAR		IF UNDER 24 HRS.		2c. DATE PRONOUNCED DEAD		2d. HOUR	
Female		White		2-23-1900		68		MONTHS DAYS		HOURS MIN		Month 7 Day 7 Year 68		5 PM M	
7a. BIRTHPLACE (State or foreign country)				7b. CITIZEN OF WHAT COUNTRY?				8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				9. COUNTY OF DEATH			
New York				U.S.A.								Caroline Md.			
10. CITY OR TOWN OF DEATH				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)				12b. KIND OF BUSINESS OR INDUSTRY			
Rural Goldsboro				None				Retired Sect'y				None			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE				13b. COUNTY				13d. INSIDE CITY LIMITS?				13e. STREET AND NUMBER			
Maryland				Caroline Goldsboro				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				None			
14. FATHER'S NAME				15. MOTHER'S MAIDEN NAME											
Robert Chandler				Ruth Horne											
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16b. SOCIAL SECURITY NO.				17. INFORMANT							
No				121-07-5104				Elsie Conlon Hunnington, N.Y.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive cerebral hemorrhage												minutes			
4120 DUE TO, OR AS A CONSEQUENCE OF Chronic Cardiac Congestive failure with												1 mos			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) intermittent diarrhea															
-447X DUE TO, OR AS A CONSEQUENCE OF Malignant Hypertensive cardio renal disease												10yr			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c)															
Dehydration and possibly a chronic shock like state															
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPSY?			
												YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21b. TIME OF INJURY Month, Day, Year				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
				HOUR A.M. P.M. 19											
21d. INJURY OCCURRED WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)				21f. LOCATION Street or R.F.D. No. City or Town County State							
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>															
ACTUAL SIGNATURE				CHIEF MEDICAL EXAMINER				22b. DATE SIGNED							
EXAMINER'S NAME (Type)				DEPUTY MEDICAL EXAMINER											
Harold B. Plummer M.D.				ADDRESS (Street, city, town, or county)				Perry Co. Md.							
23a. BURIAL, CREMATION, REMOVAL (Specify)				23b. DATE				23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City or Town) (County) (State)			
Cremation				7-10-68											
24. FUNERAL DIRECTOR				ADDRESS				25a. REGISTERED REGISTRAR				25b. REGISTRAR'S SIGNATURE			
J.E. Bouleau Greensboro, Md.								JUL 17 1968				Charles Judge			

1998

6250

Incidentally,

129 12 2005

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PW-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

09780

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09791

1. DECEASED-NAME (Type or Print)			First JOSEPH			Middle FRANCIS			Last CONSOLO			2a. DATE KNOWN OF DEATH ESTI- MATED <input checked="" type="checkbox"/> 7/19/68			Month Day Year			2b. HOUR 11:30P		
3. SEX Male		4. RACE White		5. DATE OF BIRTH Jan. 18, 1948		6. AGE (In years last birthday) 20 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		2c. DATE PRONOUNCED DEAD Month 7/20/68 Year 19			2d. HOUR 8A M					
7a. BIRTHPLACE (State or foreign country) Pennsylvania				7b. CITIZEN OF WHAT COUNTRY? USA				8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				9. COUNTY OF DEATH Caroline Md.								
10. CITY OR TOWN OF DEATH Federalburg				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Preston Road				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) United States Navy				12b. KIND OF BUSINESS OR INDUSTRY USS Wasp								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before decease) Pennsylvania				13b. COUNTY Warren				13c. CITY OR TOWN Columbus		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER 17 Weber Street								
14. FATHER'S NAME First Middle Last Joseph Consolo						15. MOTHER'S MAIDEN NAME First Middle Last Gloria (maiden name unknown)														
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes				16b. SOCIAL SECURITY NO. (If yes give year or dates of service) U.S. Navy 172-38-3065				17. INFORMANT ADDRESS Sue M. Consolo, 17 Weber St., Columbus, Pa.												
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)																				
PART 1. DEATH WAS CAUSED BY:																				
IMMEDIATE CAUSE (a) Fractured Skull																				
DUE TO, OR AS A CONSEQUENCE OF																				
(b) Cervical vertebral Fractures																				
DUE TO, OR AS A CONSEQUENCE OF																				
(c) Automobile accident																				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																				
frature of left radius and ulna middle thrid and many other inju																				
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>												
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21b. TIME OF INJURY Month, Day, Year 11:30 7/19/68				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) went thru stop sign 318 going north												
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) route 318-313				21f. LOCATION Street or R.F.D. No. City or Town County State rfd Federalburg Maryland												
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>																				
ACTUAL SIGNATURE <i>Harold B. Plummer</i>				M.D.				22b. DATE SIGNED 7/20/1968												
EXAMINER'S NAME (Type) Harold B. Plummer M.D.				CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				ADDRESS (Street, city, town, or county) Preston Caroline												
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE July 23, 1968				23c. NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery				23d. LOCATION (City or Town) (County) (State) Corry, Pennsylvania								
24. FUNERAL DIRECTOR <i>J. J. Frampton</i>				ADDRESS J. J. Frampton and Son, Federalburg, Maryland				25a. REC'D BY REGISTRAR DATE JUL 24 1968				25b. REGISTRAR'S SIGNATURE <i>J. Charles Judge</i>								

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minutes of last session and also minutes of this session

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

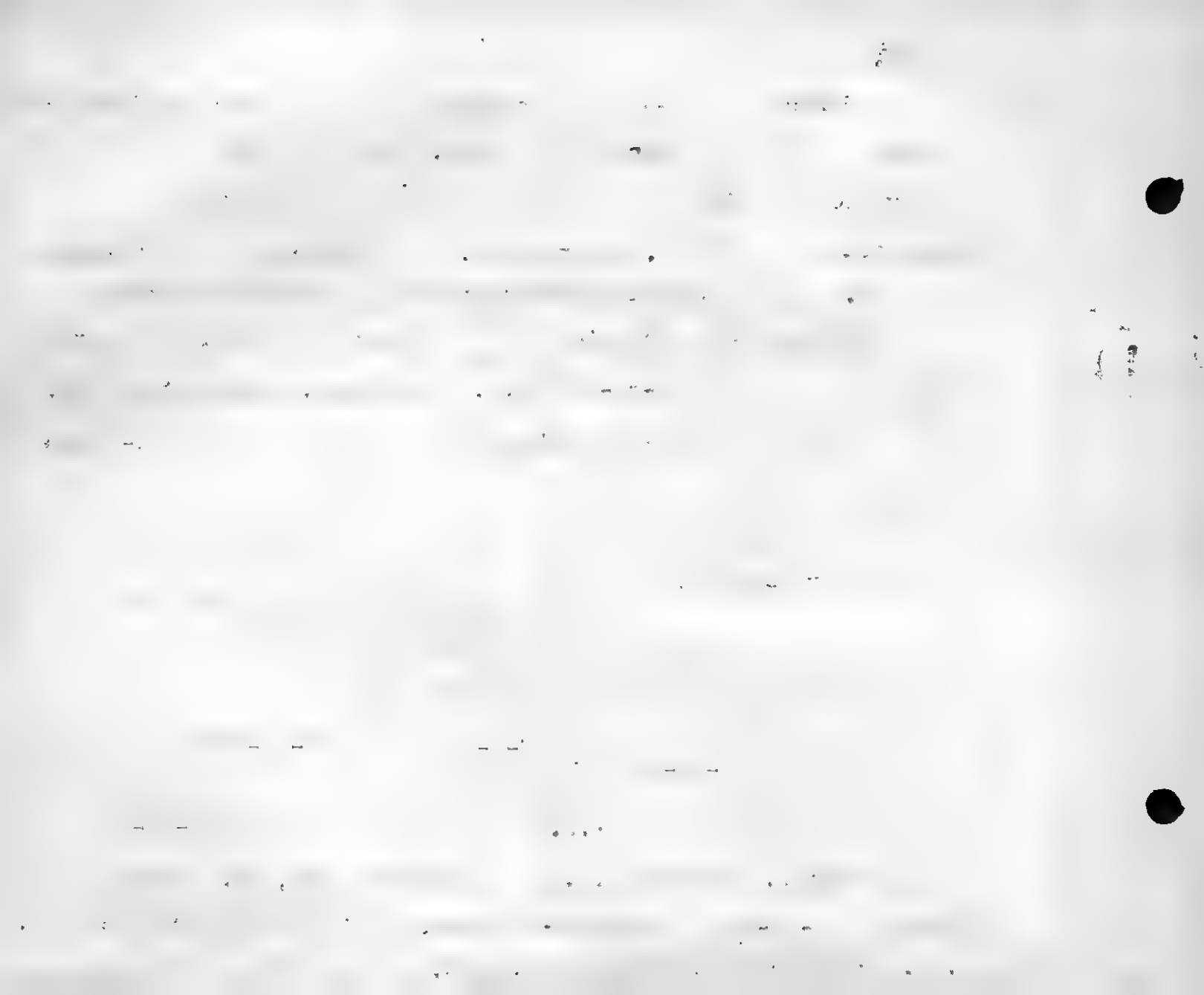
1



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

5792

1 DECEASED NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH		2b. HOUR	
Harvey		--	McDaniel		Month Day Year July 26 1968		8:55 PM	
3 SEX	4. RACE		5 DATE OF BIRTH		6 AGE (in years last birthday)	7 UNDER 1 YEAR		IF UNDER 24 HRS
Male	Negro		Mar. 10, 1892		76 YRS.	MONTHS DAYS		HOURS MIN
7a BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?		8 MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9 COUNTY OF DEATH		12b. KIND OF BUSINESS OR INDUSTRY	
Maryland	USA				Caroline		Md.	
10. CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)		12b. KIND OF BUSINESS OR INDUSTRY		
Federalsburg		304 W. Central Ave.		Laborer		Canning		
13a. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
Md.		Caroline		Federalsburg	NO <input type="checkbox"/>	Brooklyn Avenue		
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		First	Middle
William		--	McDaniel		Mary		Mollie	Sutton
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, <input checked="" type="checkbox"/> No, <input type="checkbox"/> (If yes give war or dates of service)		16b. SOCIAL SECURITY NO.		17 INFORMANT		Address		
No		214-32-0715		Mrs. Susie Bost, Federalsburg, Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:								2-3 days
IMMEDIATE CAUSE (a) Cardio failure								
DUE TO, OR AS A CONSEQUENCE OF								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last								
DUE TO, OR AS A CONSEQUENCE OF								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
Pulmonary tuberculosis								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
				YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY		21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18)				
		HOUR A.M. Month Day Year P.M. 19						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC)		21f. LOCATION		Street or R.F.D. No. City or Town County State		
22a. I certify that (I) (this hospital) attended the deceased from 2-7-63, 19, to 7-26-68, 19, that (I) (we) last saw the deceased alive on 7-26-68, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE				22c. DATE SIGNED				
Frank M. Anderson M.D. DEGREE				7-26-68				
22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS				
Frank M. Anderson M.D.				Federalsburg, Md. 21632				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)		
Burial		7-30-68		Bethlehem Cemetery		Bethlehem, Caroline, Md.		
24. FUNERAL DIRECTOR				25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE		
J. J. Frampton & Son, Federalsburg Md.				AUG 15 1968		Charles Judge		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 3 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

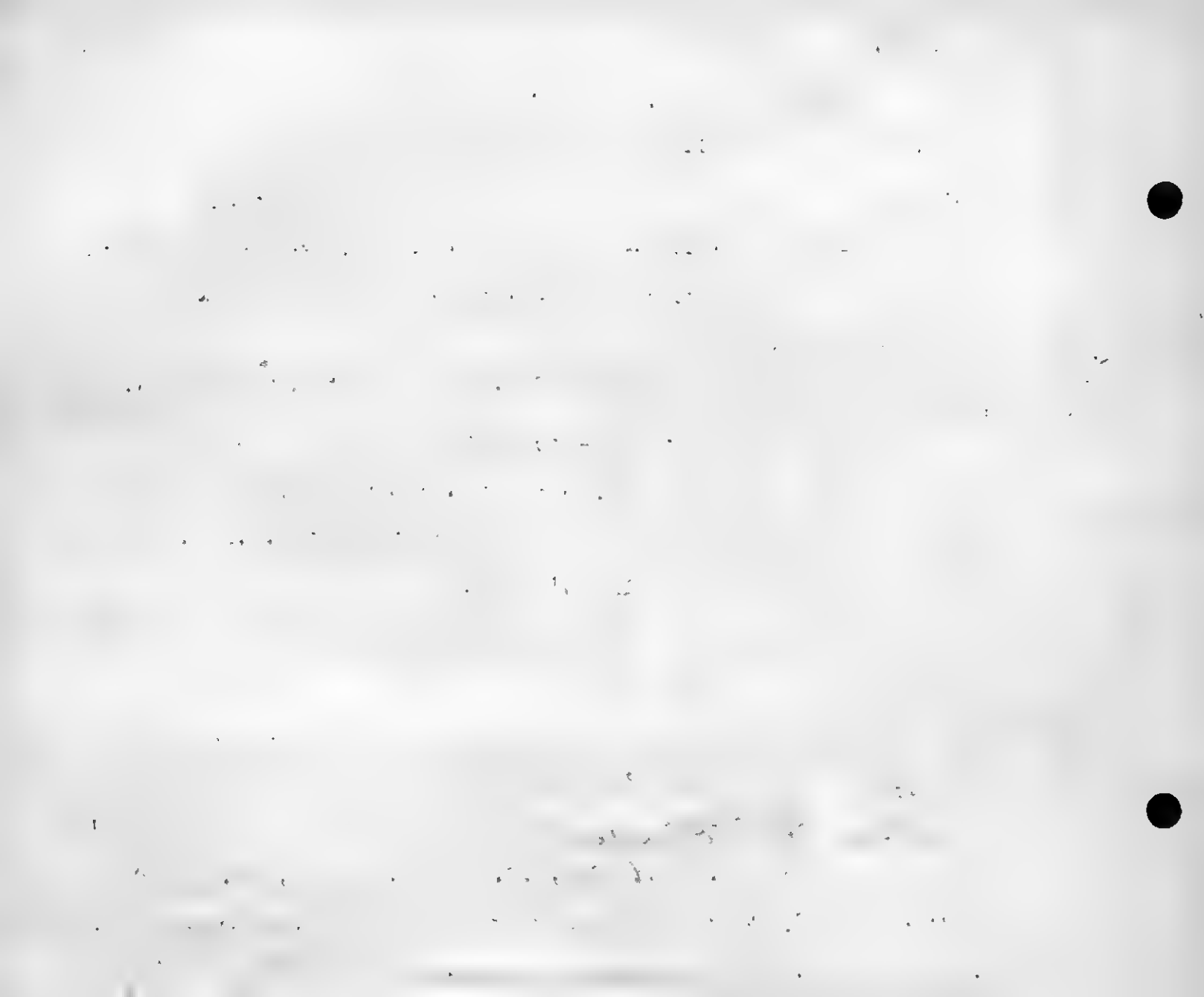
00789

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

0093

1 DECEASED-NAME (Type or print)		First MOLLIE	Middle B.	Lost O'DAY	2a. DATE OF DEATH Month Day Year July 17 1968		2b. HOUR 5 P. M.	
3. SEX Female		4. RACE White		5. DATE OF BIRTH July 27, 1885		6. AGE (In years last birthday) 82 YRS.		IF UNDER 1 YEAR MONTHS DAYS
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Caroline Md.		
10. CITY OR TOWN OF DEATH Greensboro - Rural		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Collins-Starkey Nursing Home		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housework		12b. KIND OF BUSINESS OR INDUSTRY Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland		13b. COUNTY Caroline		13c. CITY OR TOWN Federalsburg		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER Liberty Road
14. FATHER'S NAME First Middle Last William Reed				15. MOTHER'S MAIDEN NAME First Middle Last Mahala Morris				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. None		17 INFORMANT Address Mrs. Chester Morphet, Seaford, Del., RFD				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) <u>Broncho-pneumonia</u> 4120 DUE TO, OR AS A CONSEQUENCE OF (b) <u>Chr. Congestive Cardiac Failure</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Arteriosclerotic hypertensive C.V.Dis.</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 145. <u>Parkinson's Disease</u>								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State				
22a. I certify that (I) (this hospital) attended the deceased from <u>July 2</u> , 19 <u>68</u> , to <u>July 17</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>July 17</u> , 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the cause stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE <u>Charles H. Stonisifer</u>				DEGREE M.D.		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED July 19 '68
22d. PHYSICIAN'S NAME (Type) Charles H. Stonisifer, M.D.				22e. ADDRESS Greensboro, Md. 21639				
23a. BURIAL, CREMATION, REMOVAL Burial		23b. DATE July 19, 1968		23c. NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery		23d. LOCATION (City or Town) (County) (State) Federalsburg, Maryland		
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Maryland				ADDRESS J. J. Frampton and Son, Federalsburg, Maryland		25a. REC'D BY REGISTRAR JUL 24 1968		25b. REGISTRAR'S SIGNATURE Charles Judge



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. See Pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal and in any event within 72 hours after death.

00783

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

19794

1 DECEASED-NAME (Type or Print)		First		Middle		Last		2a DATE KNOWN OF ESTI- MATED <input checked="" type="checkbox"/> Month Day Year		2b HOUR P. M.	
WARREN		CHARLES		PALMER				July 27 1968		3:30 P. M.	
3 SEX	4 RACE	5 DATE OF BIRTH		6 AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS HOURS MIN.		2c DATE PRONOUNCED DEAD Month Day Year	
Male	White	May 16, 1923		45 YRS						July 27 1968 7 P. M.	
7a BIRTHPLACE (State or foreign country) New York		7b CITIZEN OF WHAT COUNTRY? USA		8 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Caroline Md					
10. CITY OR TOWN OF DEATH Denton - Rural		11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Pearlquor Road				12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Roofers			12b KIND OF BUSINESS OR INDUSTRY Building		
13a USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) New York		13b COUNTY Suffolk		13c CITY OR TOWN Islip Terrace		13d INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e STREET AND NUMBER 63 Amityville Street			
14 FATHER'S NAME First Middle Last Alfred Palmer				15 MOTHER'S MAIDEN NAME First Middle Last Agnes Matthews							
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes				(If yes give year or dates of service) WW II		16b SOCIAL SECURITY NO Unknown		17 INFORMANT Mary A. Palmer, Islip Terrace, L.I., N.Y.			
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Accidental Drowning</u> 8:30.0 DUE TO, OR AS A CONSEQUENCE OF (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____ Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>8:30.0</u>											
19a DATE OF OPERATION				19b CONDITION FOR WHICH OPERATION WAS PERFORMED?				20 AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b TIME OF INJURY Month, Day Year HOUR A.M. 5:30 P.M. 7-27 1968		21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Fall from boat							
21d INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		21e PLACE OF INJURY (At home, farm, street, factory, office building etc.) Pearlquor Rd		21f LOCATION Street or R.F.D. No R.F.D. Denton Md		City or Town CAROLINE		County		State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE <u>Frank M. Anderson</u>		EXAMINER'S NAME (Type) <u>FRANK M. ANDERSON M.D.</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		22b DATE SIGNED 7-27-68	
23a BURIAL, CREMATION, REMOVAL (Specify)		23b DATE July 31, 1968		23c NAME OF CEMETERY OR CREMATORY Long Island National Cemetery, Pine Lawn, L.I., N.Y.		23d LOCATION (City or Town) (County) (State)					
24 FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Maryland				25a REC'D BY REGISTRAR DATE AUG 1 1968		25b REGISTRAR'S SIGNATURE Charles Judge					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

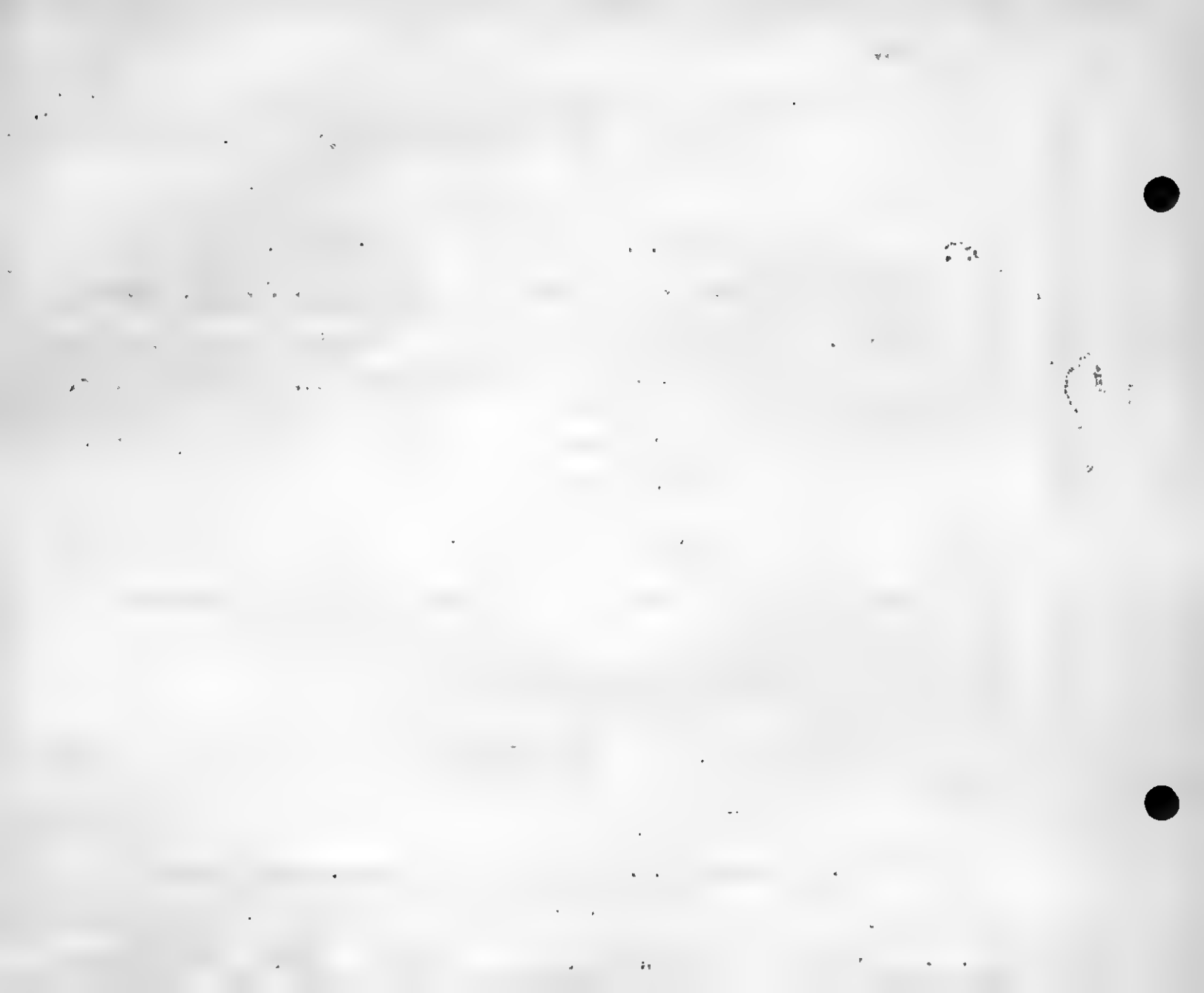
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

22784

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1 DECEASED NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH		2b. HOUR		
FLORENCE VIRGINIA PARKER					July Month 29 1968		1:10 A. M.		
3 SEX	4. RACE		5 DATE OF BIRTH		6. AGE (in years last birthday)		7 UNDER 1 YEAR		
Female	Negro		November 25, 1892		75 YRS.		MONTHS DAYS HOURS MIN		
7a BIRTHPLACE (State or foreign country)		7b CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH			
Maryland		USA				Caroline Md			
10 CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b KIND OF BUSINESS OR INDUSTRY			
Preston		R.F.D.		Housework		Home			
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE		13b COUNTY		13c CITY OR TOWN		13d INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e STREET AND NUMBER	
Maryland		Caroline		Preston				R.F.D. (Near Johns)	
14 FATHER'S NAME			15. MOTHER'S MAIDEN NAME						
John H. Johns			Josephine (maiden name unknown)						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown		16b SOCIAL SECURITY NO.		17 INFORMANT Address					
No		Unknown		Clarence Parker, Jr., Federalsburg, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Parkinsonism</u> <u>342 X</u> DUE TO, OR AS A CONSEQUENCE OF (b) <u>Cerebral atherosclerosis</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Generalized atherosclerosis</u>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
								3 yrs	
								5 yrs	
								10 yrs	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>25</u>									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from <u>6-29-66</u> , 19 <u>66</u> , to <u>5-20-68</u> 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>4-6-</u> 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b SIGNATURE				DEGREE		ATTENDING PHYS <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED	
<u>H.R. Trapnell</u>								July 26, 1968	
22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS					
H.R. Trapnell, M.D.				Federalsburg, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)			
Burial		July 27, 1968		Johns Cemetery		Near Preston, Maryland			
24. FUNERAL DIRECTOR				25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE			
J. J. Framptom and Son, Federalsburg, Maryland				AUG 1 1968		<u>f Charles Judge</u>			



39785

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PMA-1005. 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

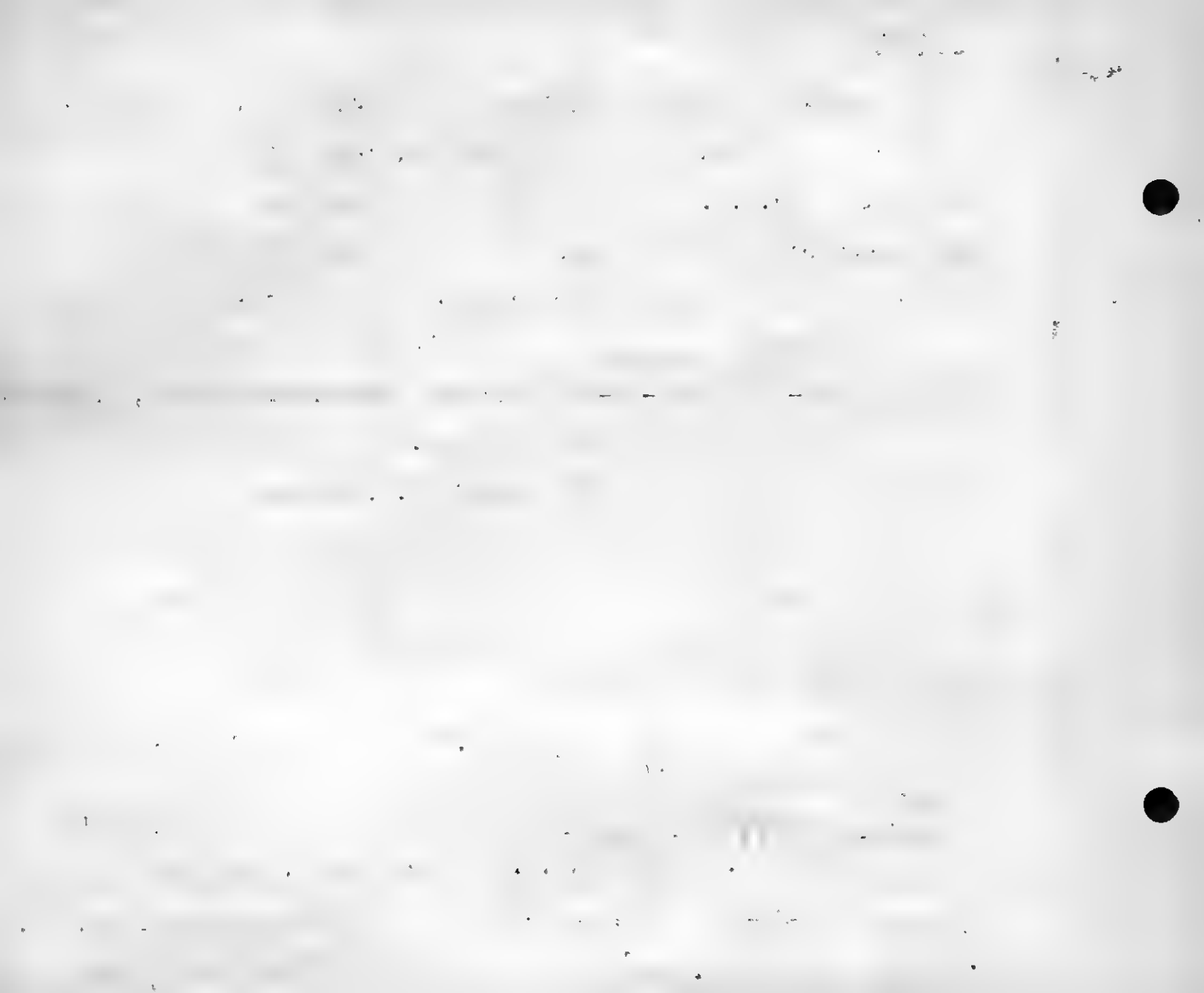
1 DECEASED NAME (Type or Print)		First	Middle	Last	2a DATE KNOWN OF DEATH		Month	Day	Year	2b HOUR
WILLIE REED JR.					2a DATE KNOWN OF DEATH		July	1	1968	7 P M
3 SEX	4 RACE	5 DATE OF BIRTH		6 AGE (In years last birthday)	IF UNDER 1 YEAR		F UNDER 24 HRS		2c DATE PRONOUNCED DEAD	
Male	Negro	Sept. 12, 1950		17 YRS	MONTHS DAYS		HOURS MIN		Month July Day 1 Year 1968 8 P M	
7a BIRTHPLACE (State or foreign country)		7b CITIZEN OF WHAT COUNTRY?		8 MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9 COUNTY OF DEATH				
Georgia		USA				Caroline Md				
10 CITY OR TOWN OF DEATH		1 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)		12b KIND OF BUSINESS OR INDUSTRY		
Federalsburg		River Road				Day Laborer		Farm		
13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)		13b COUNTY		13c CITY OR TOWN		13d INSIDE CITY LIMITS?		13e STREET AND NUMBER		
Florida		Hendry		Clewiston		XXXX NO <input checked="" type="checkbox"/>		RFD #2, Box 102		
14 FATHER'S NAME		First	Middle	Last	15 MOTHER'S MAIDEN NAME		First	Middle	Last	
John Reed					Mary M. Styles					
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b SOCIAL SECURITY NO		17 INFORMANT		ADDRESS				
NO		Unknown		Mary M. Moore		Federalsburg, Maryland, RFD				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Anoxia resulting in drowning										minutes
DUE TO, OR AS A CONSEQUENCE OF (b) Infract of skull										minutes
DUE TO, OR AS A CONSEQUENCE OF (c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
? Probably Alcohol but report is not back at this time										
19a DATE OF OPERATION		19b CONDITION FOR WHICH OPERATION WAS PERFORMED?				20 AUTOPSY?				
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH		21b TIME OF INJURY Month, Day, Year		21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)						
		HOUR A.M. 7/1/68 PM		Swimming in gravel Pit Pond						
21d INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e PLACE OF INJURY (At home, farm, street, factory, office building, etc)		21f LOCATION Street or RFD No		City or Town		County		State
		on gravel pit and		RFD Federalsburg, Maryland		Caroline				
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE		EXAMINER'S NAME (Type)		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		22b DATE SIGNED
Harold R. Plummer M.D.								7/1/68		
ADDRESS		23a BURIAL, CREMATION, REMOVAL (Specify)		23b DATE		23c NAME OF CEMETERY OR CREMATORY		23d LOCATION (City or Town)		(County) (State)
J. J. Frampton and Son, Federalsburg, Maryland		Burial		July 10, 1968		Rhodesdale Cemetery		Near Rhodesdale, Maryland		
24 FUNERAL DIRECTOR		25a REC'D BY REGISTRAR		25b REGISTRAR'S SIGNATURE		25c REC'D BY REGISTRAR		25d REGISTRAR'S SIGNATURE		
		JUL 10 1968		J. Charles Judge						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
CERTIFICATE OF DEATH									
1. DECEASED NAME (Type or print) Conrad Carl Rostien					2a. DATE OF DEATH July 17 Day 1968 Year		2b. HOUR 3P M		
3. SEX Male		4. RACE White		5. DATE OF BIRTH June 26, 1887		6. AGE (In years last birthday) 81 YRS.		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Wisconsin		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Caroline Md			
10. CITY OR TOWN OF DEATH Rural Greensboro		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) None		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired US Navy		12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE Maryland		13b. COUNTY Caroline		13c. CITY OR TOWN Greensboro		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER None	
14. FATHER'S NAME First Middle Last No Record					15. MOTHER'S MAIDEN NAME First Middle Last No Record				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes 1904-1921			16b. SOCIAL SECURITY NO. 221-14-9624		17. INFORMANT Richard Rostien Greensboro, Maryland				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Thrombosis 4109 DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic C.V.Disease DUE TO, OR AS A CONSEQUENCE OF (c) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 440									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from Aug. 10, 1967 to July 17, 1968 , that (I) (we) last saw the deceased alive on July 17, 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE <i>Charles H. Stonestifer</i> DEGREE					ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED July 19'68		
22d. PHYSICIAN'S NAME (Type) Charles H. Stonestifer, M.D.					22e. ADDRESS Greensboro, Maryland				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-20-68		23c. NAME OF CEMETERY OR CREMATORY Greensboro		23d. LOCATION (City or Town) (County) (State) Greensboro, Caroline, Md.			
24. FUNERAL DIRECTOR <i>J.E. Bouleau</i> ADDRESS Greensboro, Md.					25a. REC'D BY REGISTRAR JUL 23 1968		25b. REGISTRAR'S SIGNATURE <i>J. Charles Judge</i>		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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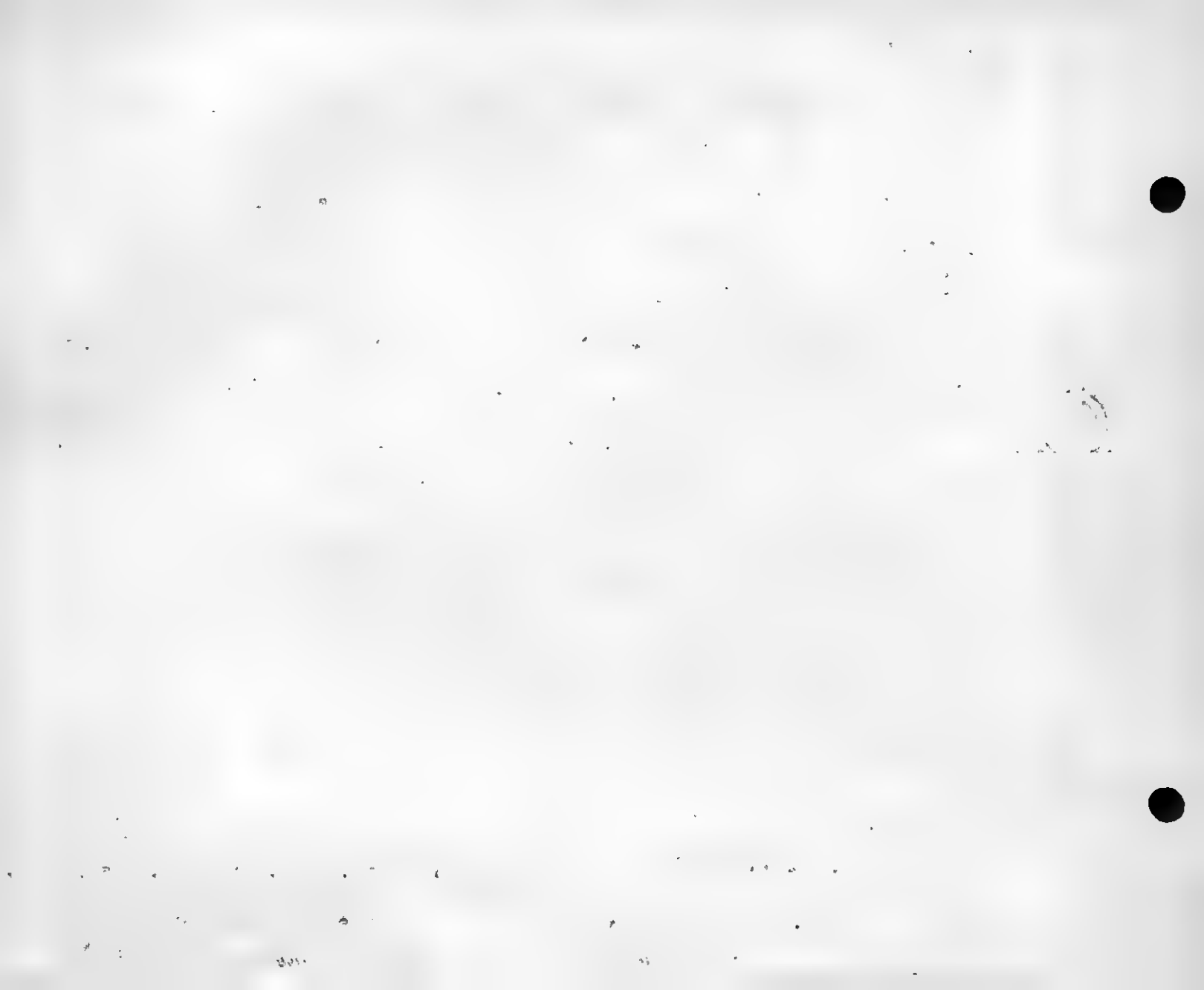
09787

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0798

CERTIFICATE OF DEATH

1. DECEASED NAME (Type or print) Clarence Arthur Sennett			2a. DATE OF DEATH Month July Day 26 Year 1968			2b. HOUR M				
3. SEX Male		4. RACE White		5. DATE OF BIRTH September 14, 1892		6. AGE (in years last birthday) 75 YRS		IF UNDER YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN.		
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? USA		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH Caroline Md.				
10. CITY OR TOWN OF DEATH near Denton		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired) Farmer			12b. KIND OF BUSINESS OR INDUSTRY Owner		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Caroline		13c. CITY OR TOWN Denton		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER		
14. FATHER'S NAME First Middle Last Samuel Sennett			15. MOTHER'S MAIDEN NAME First Middle Last Margaret McKenney							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war or dates of service) No			16b. SOCIAL SECURITY NO.		17. INFORMANT Address Nelson Hubbard, Denton, Maryland					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma of the lung 1621 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) Chronic obstruction emphysema DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 yr.										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 163x None										
19a. DATE OF OPERATION None		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) (this hospital) attended the deceased from 7/22 , 19 68 , to 7/26 , 19 68 , that (I) (we) last saw the deceased alive on 19 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
22b. SIGNATURE <i>Dorsett D. Smith</i>					DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED 8/7/68			
22d. PHYSICIAN'S NAME (Type) Dr. Dorsett D. Smith					22e. ADDRESS Medical Arts. Bldg. Dover St. Easton, Md.					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 29, 1968		23c. NAME OF CEMETERY OR CREMATORY Denton		23d. LOCATION (City or Town) (County) (State) Denton, Caroline, Maryland				
24. FUNERAL DIRECTOR Charles Moore					ADDRESS Denton, Maryland		25a. REC'D BY REG. STRAR DATE AUG 9 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	



FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in the space provided. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

18&22a Film 403 MARYLAND STATE DEPARTMENT OF HEALTH
18-14-68 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

09799

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED NAME (Type or Print)		First Middle Last		2a. DATE KNOWN OF DEATH		Month Day Year		2b. HOUR	
Walter Irvin Steele				7 7 68				M	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN		2c. DATE PRONOUNCED DEAD Month Day Year	
Male	White	Aug. 2, 1893	74 YRS.					7 8 68 M	
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		Md.			
Penna.	U.S.A.			Caroline					
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY			
Rural Henderson		None		Retired Farmer		None			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER			
Maryland		Caroline Henderson				None			
14. FATHER'S NAME First Middle Last		15. MOTHER'S MAIDEN NAME First Middle Last							
James Steele		Amanda Manspeaker							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown)		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT		ADDRESS			
No		213-18-5234		Georgia Steele Henderson		Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Alcoholic fatty metamorphosis</u> DUE TO, OR AS A CONSEQUENCE OF <u>of liver</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <u>571.0</u> (b) <u>571.1 / 571.2 / 571.3 / 571.4</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Myocardial fibrosis</u>								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
571.1									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County State	
22a. I certify that I took charge of the remains described above, held on death resulted from:		Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion		Noturol causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE <u>[Signature]</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		22b. DATE SIGNED 7/15/68	
EXAMINER'S NAME (Type) <u>Arnold B. Plummer M.D.</u>		ADDRESS (Street, city, town, or county) <u>Preston Carbline</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town) (County) (State)			
Burial		7-10-68		Greensboro		Greensboro, Md.			
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE			
<u>J. E. Bouclair</u>		Greensboro, Md.		DATE <u>JUL 17 1968</u>		<u>[Signature]</u>			



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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09789

09800

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MEDICAL CERTIFICATION

1. DECEASED-NAME (Type or Print)		First	Middle	Lost	2a. DATE KNOWN OF DEATH		<input checked="" type="checkbox"/> Month	Day	Year	2b. HOUR
MARIE CECILE JINETTA VEILLETTE					July 27 1968					5:30 P.M.
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS		2c. DATE PRONOUNCED DEAD	
Female	White	Feb. 18, 1943		25 YRS.	MONTHS	DAYS	HOURS	MIN.	July 27 1968	7 P.M.
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH				
Canada		Canada		Caroline					Md	
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)		12b. KIND OF BUSINESS OR INDUSTRY		
Denton - Rural		Pealiquor Road				Housework		Home		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER		
Canada		Quebec		Montreal		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		986 St. Margaret Street		
14. FATHER'S NAME		First	Middle	Lost	15. MOTHER'S MAIDEN NAME		First	Middle	Lost	
Victor Veillette					Unknown					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS				
No		None		Urgel Bourgie, Ltd.,		Montreal, Canada				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning										15 min.
8300 DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.										
(b) DUE TO, OR AS A CONSEQUENCE OF										
(c)										
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)										
850 X										
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY?		
								YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>		21b. TIME OF INJURY Month, Day, Year		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
CAUSE OF DEATH		5.30p.m. 7-27-68		Fell from boat						
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State
		Pealiquor Rd. Denton, Md. RFD						Caroline		
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>										
ACTUAL SIGNATURE		Frank M. Anderson				CHIEF MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED		
		M.D.				ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		2-29-68		
EXAMINER'S NAME (Type)		Frank M. Anderson M.D.				DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		ADDRESS (Street, city, town, or county)		
23a. REMOVAL OF REMAINS		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City or Town)		(County)		(State)
Burial		Aug. 1, 1968		East End Cemetery		Montreal, Canada				
24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalburg, Maryland						25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE		
						DATE AUG 1 1968		J. Charles Judge		

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As follows: 10000

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